

10/605040

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
9/3/03 12/2/03 3/15/03 AIMS							APPLICANT(S)	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1		1		61	
2							62	
3							63	
4							64	
5							65	
6							66	
7							67	
8							68	
9							69	
10							70	
11							71	
12							72	
13							73	
14							74	
15							75	
16							76	
17							77	
18							78	
19							79	
20							80	
21							81	
22							82	
23							83	
24							84	
25							85	
26							86	
27							87	
28							88	
29							89	
30							90	
31	1		1		1		91	
32							92	
33							93	
34							94	
35							95	
36							96	
37							97	
38							98	
39	1		1		1		99	
40							100	
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.	3		3		3		TOTAL IND.	
TOTAL DEP.	45		43		45		TOTAL DEP.	
TOTAL CLAIMS	48		46		48		TOTAL CLAIMS	

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							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						61				
2		1					62				
3							63				
4		2					64				
5		2					65				
6		2					66				
7		2					67				
8		2					68				
9		2					69				
10		2					70				
11		2					71				
12		2					72				
13		2					73				
14		2					74				
15		2					75				
16		2					76				
17		2					77				
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28		2					88				
29		2					89				
30		2					90				
31	1						91				
32							92				
33							93				
34							94				
35							95				
36							96				
37							97				
38							98				
39	1						99				
40							100				
41											
42											
43											
44											
45											
46											
47		1									
48		1									
49											
50											
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	67						TOTAL DEP.				
TOTAL CLAIMS	70						TOTAL CLAIMS				

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